

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled:

“System and Method for Biometric Authorization of Age-Restricted Transactions Conducted at an Unattended Device”

The specification of which:

☒ is attached hereto.
☐ was filed on _____, under Serial No. _____, and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application; namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent.

I hereby consent to the appointment of the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Jon L. Roberts	Reg. No. 31,293	John K. Abokhair	Reg. No. 30,537
Kevin L. Pontius	Reg. No. 37,512	Christopher B. Kilner	Reg. No. 45,381
Timothy W. Graves	Reg. No. 45,940	Janeen Vilven	Reg. No. 47,156
Elliott Light	Reg. No. 51,948		

Send correspondence to:

Direct telephone calls to:

Roberts Abokhair & Mardula, LLC
 11800 Sunrise Valley Drive
 Suite 1000
 Reston, VA 20191

Kevin L. Pontius
 703-391-2900

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and, further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Sec. 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full name of sole or first inventor: **Timothy ROBINSON**

Inventor's signature: _____

Date: 6/12/03

Residence: Herndon, Virginia

Post Office Address: 580 Herndon Parkway, Suite 100
 Herndon, VA 20170
 U.S.A.

Country of Citizenship: U.S.A.

(Declaration ends with this page)